

Psychiatrist resigns after second patient is charged with murder

Clare Dyer, *legal correspondent, BMJ*

A consultant psychiatrist who was criticised three months ago by an independent inquiry examining the release of a paranoid schizophrenic patient who later killed his stepfather has resigned after another released patient was arrested and charged with murder.

Norman Harvey, a consultant at the Waterlow unit of the Whittington Hospital in north London, was suspended pending an internal investigation into the care and release of Tolga Kurter. He resigned three weeks ago. Mr Kurter, aged 19, from Islington, north London, was arrested and charged with murder after a neighbour, 42 year old taxi driver Nicky Boyd, was

found dead from multiple stab wounds on 22 April.

His arrest came only six weeks after an independent inquiry strongly criticised Camden and Islington Community Mental Health Services NHS Trust, which runs the Waterlow unit, over the release of Martin Mursell. Mr Mursell, who pleaded guilty last year to charges of murdering his stepfather and attempting to murder his mother, is serving a life sentence in Rampton special hospital.

The independent inquiry into Mr Mursell's care and treatment, headed by a barrister, Lincoln Crawford, criticised doctors, social workers, and housing officers for failing to ensure he had

adequate support after his release (15 March, p 773). When the Mursell report was published the trust said that it had introduced new safeguards and pledged to reform its procedures further. Camden and Islington Health Authority will now be obliged to hold another independent inquiry, costing an estimated £250 000 (\$400 000). The trust said in a statement: "Bound by legal restrictions of patient confidentiality, the trust cannot enter into discussions about the care and treatment received by Mr Kurter at this stage. We are mindful of the serious nature of this incident and are providing the police with every assistance in this matter."

Health authorities and psychiatrists have pressed the Department of Health to remove the obligation on them to hold an independent inquiry into every killing by a released psychiatric patient. The previous government had been looking at possible alternatives, although it was recognised that any change would be politically sensitive.

Psychiatrists point out that studies suggest that their likelihood of predicting whether a particular patient will be violent is little better than chance. But a range of risk factors is expected to emerge from a £4.5m American study of 1000 patients released from short stay psychiatric hospitals. □

European complementary medicine proposals watered down

Rory Watson, *Brussels*

Plans to use European Union legislation to determine the status of non-conventional medicine and to allow practitioners to offer their services on equal terms throughout all 15 member states have been greatly watered down by the European parliament.

Belgian Green MEP Paul Lannoye had been pressing for wide ranging action to end the various anomalies such practitioners face in the union, but the parliament last week merely called for a series of studies into the current situation.

By a narrow majority MEPs supported an EU funded investigation into "the safety, effectiveness, area of application, and the complementary or alternative nature of all non-conventional medicines" and to analyse the different national rules which now apply.

On the basis of the investigation they urged governments to encourage the development of EU backed research programmes covering individual and holistic medicines as well as the preventive role and specific characteristics of non-conventional medicine.

In addition, MEPs turned their attention to food supplements, pressing for specific legislation for products when it is unclear whether they should be classed as dietary or medicinal items. They also want to ensure that governments do not use national legislation to stop manufacturers of health products from being able to sell their goods throughout the union.

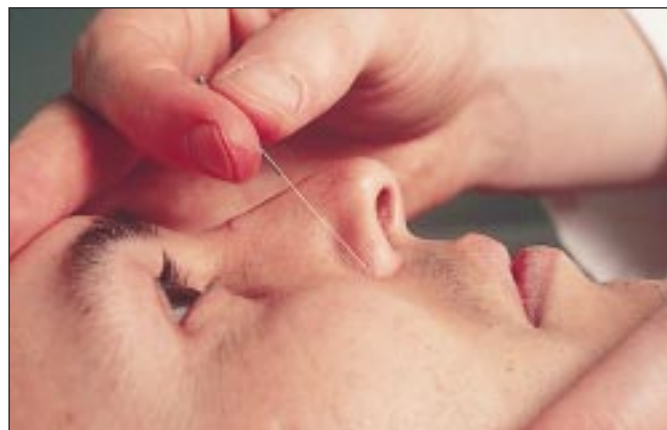
While the various measures go a long way towards placing the status of non-conventional medicine on the EU's agenda, they go

nowhere near as far as Mr Lannoye, who had tabled more ambitious proposals, would like.

Pointing out that in some countries as much as half the population used non-conventional medicine such as homoeopathy and acupuncture, he argued that the differing rules now in force on the right to practise and on the reimbursement of costs incurred meant that citizens were being treated unevenly in the union. He had unsuccessfully

called for national legislation on non-conventional medicine to be coordinated and for EU guarantees on the freedom of establishment and provision of services for non-conventional medical practitioners.

The European public health commissioner, Padraig Flynn, told MEPs that, given the lack of consensus on the issue, the wide ranging study would be unlikely to come to any decisive conclusion. □



The use of acupuncture varies throughout the European Union

SALLY AND RICHARD GREENHILL

In brief

United States clearing house for clinical guidelines planned: The Department of Health and Human Services, the American Association of Health Plans, and the American Medical Association are to work together to set up a comprehensive, internet based source for clinical practice guidelines.

New head of computing appointed: Frank Burns, chief executive of the Wirral Hospitals Trust in Cheshire, is to lead a review of the NHS computer programme. The programme has come under criticism as progress has been slow, schemes have failed, and systems have not been designed to link together.

Proposal to freeze Medicare payments to hospitals: In order to balance the federal budget, the American health and human services secretary, Donna Shalala, has recommended that Medicare payments to hospitals should not be increased in 1998 in line with inflation. Congress has yet to approve the plan.

Active ingredient in green tea identified: Scientists have identified an ingredient of green tea which inhibits urokinase, an enzyme crucial for cancer growth (*Nature* 1997; 387:561). Epidemiological studies have suggested that the consumption of green tea may help prevent cancer.

German doctors allowed to advertise on the internet: German doctors agreed at their annual meeting, the Deutscher Ärztetag in Eisenach, to allow doctors to set up home pages on the internet giving limited information about their services.

New variant cases of Creutzfeldt-Jakob disease up one: The latest monthly figure for definite and probable cases of new variant CJD in the UK to 30 April 1997 is 17.

Panama hospital initiative reduces diarrhoeal infection: Unicef has reported that after the Amador Guerrero Hospital in Colon actively encouraged breast feeding the reported cases of diarrhoeal infection in children under 1 year of age dropped from 92 per 1000 to 78 per 1000.

Junior doctors attack Royal College

Linda Beecham, *BMJ*

Representatives of junior hospital doctors have called for the Royal College of Physicians of London (RCP) to have its charitable status removed because of what they believe are excessive profits made by the college on examination fees.

Speakers at last week's meeting of the BMA's junior doctors conference criticised the royal colleges for increased fees for examinations, associate membership, enrolment, and assessment. But David Wrede, a deputy chairman of the Junior Doctors Committee, particularly criticised the RCP. He said that the college's

total income was £775m (\$12.4m); it received £1.3m from subscriptions and £1.8m from examination fees. Yet the expenditure on examinations was only £536 000. He called the college a "dictatorial oligarchy." Some colleges, he said, were charging senior house officers £50 to £100 a year, £200 for enrolling as a specialist registrar, and final assessment fees of £100.

The meeting also criticised the RCP's poor representative machinery for trainees. Whereas the Royal College of Surgeons, for example, has the Association of Surgeons in Training and the Royal College of Obstetricians and Gynaecologists has a trainees committee, both chaired by trainees, the RCP's trainees' committee is chaired by a professor.

The Junior Doctors Committee's chairman, Dr Peter Bennie, reported that there had been meetings and correspondence

with the chairman of the academy of medical royal colleges, but no progress had been made. The committee's policy is for no compulsory fees for senior house officers, for examination and assessment fees to represent the true cost and administration, and for no enrolment fees for becoming a specialist registrar.

The Junior Doctors Committee is also trying to persuade the Specialist Training Authority to reduce its charge for issuing the certificate of completion of specialist training from £250 to a maximum of £50.

The president of the RCP, Sir Leslie Turnberg, said: "The overall charges that we make on examinations also support our other educational work for which we do not charge—for example, inspecting senior house officer training posts and running conferences, lectures, and teach ins." (See also p 1697.) □

UK doctors urged to whistleblow

Colleen Shannon, *London*

Britain's Department of Health has urged doctors and nurses to speak out when they believe a colleague's behaviour could be endangering patients.

The call follows an inquiry into the case of Amanda Jenkinson, a nurse who was sentenced to five years in prison for causing grievous bodily harm to a patient in the intensive care unit at Bassetlaw Hospital, Nottinghamshire. Her appeal is pending.

"It is essential that doctors and nurses take action if they know, or have good reason to suspect, that a colleague's conduct, health, or general performance may place patients at risk," said health minister Baroness Jay.

The inquiry, led by solicitor Richard Bullock, said that healthcare professionals were reluctant to speak out against colleagues. His report says that a "blame free culture" and clear reporting guidelines would make NHS whistleblowers more likely to come forward.

Dr Howard Vaile, chairman of the BMA's occupational health committee and one of the witnesses who spoke to the inquiry, commented: "It is difficult. If you implicate a doctor's ability you interfere with his livelihood, and

that is a very serious thing to do. You have to be sure about your facts. But we do have the obligation not to conceal the fact that a colleague or fellow doctor is in health trouble if we believe that it is likely to affect patients."

The Royal College of Nursing agreed that the safety of patients should be paramount and called on managers to listen to staff concerns and to handle inquiries with sensitivity.

The report says that the General Medical Council and the

nurses' United Kingdom Central Council should place more emphasis on whistleblowing in their professional codes of conduct.

The inquiry also recommended improvements in NHS recruitment procedures, including a probationary period, a standardised system for references, and a permanent occupational health record.

The BMA welcomed the report but opposed the recommendation that an employee's GP should verify the record. The BMA said that this arrangement would damage the relationship between doctor and patient and fail to protect the public. □



More doctors would report colleagues if guidelines existed

BLAIR SEITZ/SPFL

Drugs for obesity are last resort treatment

Hilary Bower, *London*

Appetite suppressant drugs should be prescribed as a last resort and only to patients who are clinically obese and respond rapidly to them, say new guidelines designed to crack down on the inappropriate use of slimming drugs.

The report, compiled by an expert working party of the Royal College of Physicians of London, concludes that treatment with anti-obesity drugs is appropriate only for people with a body mass index greater than 30 who fail to reduce their weight by 10% after three months determined effort with diet, exercise, and behavioural change.

Even then, the authors say, slimming pills should be prescribed for more than three months only if patients achieve a 10% reduction in that time and do not regain more than 3 kg.

The report was commissioned by the Department of Health after widespread concern over the misuse of the drugs by private slimming clinics prompted calls for a complete ban on anorectic agents.

It backs continued prescription of centrally acting appetite suppressants but notes that only one in nine patients is likely to benefit from longer term pre-

scription of dexfenfluramine, the only anti-obesity drug currently licensed in Britain for use beyond 12 weeks.

The authors say that there are too few data on long term safety to support the use of the drugs beyond 12 months, and they categorically dismiss the use of amphetamines, selective serotonin reuptake inhibitors, and diuretics for the treatment of obesity.

Professor David Grahame-Smith, a member of the working party and Rhodes professor of clinical pharmacology at the John Radcliffe Hospital, Oxford, said: "We have taken away a lot of the mythology about what drugs can be used for obesity, and what we are left with is dexfenfluramine."

He added: "But let's be clear, the basis of losing weight is diet and lifestyle change. Dexfenfluramine helps, but it isn't God's gift to the obese."

Professor Grahame-Smith said data showing a 30-fold increase in the rare but serious occurrence of primary pulmonary hypertension after three months of taking centrally acting appetite suppressants were worrying but must be balanced against substantial reductions in the far greater risk of cardiovascular and cerebrovascular events prompted by obesity.

He urged doctors to ensure drug use was part of a disciplined medical protocol and monthly monitoring. This approach concurs with the recent *Effectiveness Bulletin* on the management of obesity produced by the NHS



Drugs for obesity must be combined with behavioural change

Centre for Reviews and Dissemination in York.

Susan O'Meara, research fellow at the centre, said: "The concern is that there is pattern of weight regain after six to nine months of drug therapy. Maintenance strategies which

involve diet, behaviour, and lifestyle changes in combination are most successful." But she added that the *Effectiveness Bulletin* had found that selective serotonin reuptake inhibitors also gave similar short term benefits. □

Europe urged to tackle rise in allergies

Rory Watson, *Brussels*

The medical profession, pharmaceutical industry, and public authorities are all being urged to give a higher priority to tackling allergies, which now affect one in three citizens in Europe and whose direct and indirect costs are estimated at Ecu29bn (£22bn; \$36bn) annually.

The call for a rethink in present attitudes and policies is contained in a 120 page white paper, *Allergic Diseases as a Public Health Problem*, produced by the UCB

Institute of Allergy, an independent, non-profit making association based in Belgium.

The paper points out that over the past two to three decades, there have been dramatic increases in allergic diseases including seasonal rhinitis, allergic asthma, and atopic dermatitis. These now affect 10-30% of the population. The paper notes that with the exception of AIDS, few diseases seem to have increased twofold or threefold within such a short time.

Hay fever is now estimated to affect 10-20% of people in Europe. The prevalence of atopic dermatitis is estimated at 10-12%, with females slightly more affected than males; up to one child in five with the allergy will go on to develop asthma in later life. A

large number of females (10-25% of those studied) were found to be sensitive to nickel.

Factors identified as lying behind the increase in allergies range from changes in life style and dietary habits to pets, tobacco smoke, diesel fumes, and changes in the environment.

The authors argue that healthcare systems need to be reorganised on a national or supranational basis to provide greater uniformity, effectiveness, and professional training in allergology and to establish validated guidelines for diagnosis and treatment for a pan-European response to the problem.

The new priority in tackling allergies would entail more precise identification of atopic individuals and risk factors, with, for

example, widespread information on pollen counts in Europe. It would also require both greater attention to new ways of building and ventilating homes and public premises and precise details of all ingredients contained in processed foods.

The institute's report has been welcomed by the European public health commissioner, Pdraig Flynn, who described it as contributing "to raising awareness of allergic diseases in Europe." The Irish Fine Gael Euro MP Mary Banotti said statutory preventive measures should be established in the European Union. □

Allergic Diseases as a Public Health Problem is available from Anne Wilmès (tel: 00 32 2 386 23 32; fax: 00 32 2 386 24 00).

Vietnam tops world smoking league for men

Jacqui Wise, *BMJ*

Vietnam has the highest reported smoking prevalence among men in the world—seven men in 10 smoke. This figure is likely to rise still further because developing countries are increasingly being targeted by international tobacco corporations searching for new markets.

A survey of 2004 men and women in Hanoi, Ho Chi Minh City, and two rural communities found that 73% of men smoked but only 4% of women (*JAMA* 1997;277:1726-81). Among the male smokers only 16% smoked non-Vietnamese brands, but more than twice that number said that they would prefer to smoke foreign cigarettes if they could afford them.

Only 38% of people remembered seeing or reading any cigarette advertising, but of these, 71% remembered seeing a non-Vietnamese brand as the most commonly advertised. Nearly all direct cigarette advertising is banned in Vietnam, but transnational tobacco companies pro-



Vietnam is being targeted by international tobacco companies

mote their products aggressively through point of purchase advertising, sponsorship of sports and cultural events, and direct marketing strategies.

Vietnam—which has a population of 72.5 million—is one of the poorest countries in the world, with an annual income per capita of \$200 (£125). The import of non-Vietnamese cigarettes has been banned since 1990, but illegal imports fill around 10% of the demand. And in 1994, shortly after the United States lifted its trade embargo against Vietnam, the ministry of trade issued licenses to three tobacco companies (Rothman, Philip Morris,

and British American Tobacco) to produce non-Vietnamese brand cigarettes jointly with the state managed tobacco corporation.

As this is the first survey of smoking prevalence in Vietnam it is not known whether tobacco consumption is rising or falling. However, the authors, from Vietnam and California, say that they expect tobacco consumption to rise with the increase in disposable income and that experience in other Asian countries has shown that the entry of international tobacco corporations into the market and their aggressive marketing will increase consumption. □

Philippines considers euthanasia bill

Claire Wallerstein, *Manila*

The Philippine Senate is considering a controversial bill that could make the staunchly Catholic country the first in the world to legalise euthanasia.

The bill—part of a 16 point bill of patients' rights—has already undergone its first reading, and the second reading will start after the Senate session resumes in late July. It must pass three readings with a two thirds majority and then be ratified by President Fidel Ramos before it can be incorporated into law.

Senate health committee secretary John Basa said: "It is proposing the legalisation of passive, rather than active, euthanasia—but obviously it is still very contentious. It would

make us the first country in the world to legalise so called mercy killing." He added: "If it becomes law, this bill will make a big difference to doctors here. At the moment, if they help a patient to die, they can be charged with malpractice and are liable to imprisonment."

However, the bill's chances of success in its current form may be slim. Its biggest stumbling block is the Catholic church, which has enormous power in the 85% Catholic country.

Monsignor Pedro Quitorio, spokesman for the Catholic Bishops' Conference of the Philippines, said: "An act or omission which, of itself or by intention, causes death in order to eliminate suffering, constitutes murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator."

The church has been seen as a hindrance to health policy-makers and medical workers in many cases over the years. Pub-

lic immunisation schemes have had only intermittent success since Catholic groups denounced a mass tetanus vaccination programme in the early 1990s, claiming that the toxoid could cause spontaneous abortion in pregnant women. It is feared this has caused a widespread suspicion of immunisation, particularly in the slums and far flung rural areas where such treatment is most needed.

Meanwhile, Manila's archbishop, Cardinal Sin, caused uproar last month after publicly announcing that condoms were "only fit for animals." And in a survey among medical students, more than half said that AIDS was "a punishment from God."

Another proposal in the patients' rights bill is that patients should be allowed to leave hospital before they have paid in full for their treatment. Virtually all hospitals in the Philippines are privately run, and many owners are worried that patients will abscond without paying. □

Jewish paper forgoes tobacco advertising

Judy Siegel-Itzkovich, *Jerusalem*

An Orthodox Jewish weekly newspaper has become the first Israeli publication to voluntarily forgo tobacco advertisements after the spiritual mentor of the political party that owns the newspaper declared that smokers "deserve 40 lashes" and that those who manufacture and market cigarettes "sin and will suffer divine punishment."

The Jerusalem based weekly *Yom Le' Yom* (meaning "day to day") adopted the new policy within 24 hours of hearing Rabbi Ovadia Yosef, a former chief rabbi of the country's Sephardi (Oriental) community, issue his first forceful public statement against smoking. The decision will cost the paper some 300 000 shekels (£55 000, \$88 000) a year.

Until now, the rabbi—whose Shas party followers comprise 12% of Israel's parliament—has privately advised relatives and friends not to smoke. But after being presented with the latest figures on Israeli tobacco related deaths—nearly 6000 a year—he decided to speak out in a sermon broadcast by satellite to supporters worldwide.

Ironically the rabbi's protégé, the former interior minister Aryeh Deri, is a long term pipe smoker. Asked whether Rabbi Deri, still a member of parliament and political head of the party, would be a candidate for 40 lashes, *Yom Le' Yom's* manager, Eli Simhayof, said: "We hope Aryeh will cut down and quit under the encouragement of Rabbi Yosef."

The smoking rate among very Orthodox men is considerably higher than the national Israeli average of 28%. Very Orthodox boys are often given their first cigarette to show their manhood when they reach 13—the age of bar mitzvah.

Meanwhile, the transport minister, Yitzhak Levy, has decided to ban smoking on Israeli airline flights up to five hours long after the High Court of Justice—hearing a suit by El Al Airline stewards worried about their health—instructed him to consider the matter. □

Canada plans new regulations on hepatitis B

David Spurgeon, *Quebec*

Canadian surgeons and other healthcare workers could face forced career changes if new recommendations on hepatitis B come into force. Federal, provincial, and territorial health authorities have produced a draft consensus statement recommending that health workers who are infected with the hepatitis B virus should be barred from taking part in procedures prone to exposure, such as deep surgery, closing major wounds, vaginal or caesarian deliveries, and the removal of teeth.

If the recommendations are endorsed, "it is certainly possible that some healthcare workers

may not be able to pursue their profession," said Dr Martin Tepper, acting chief of Health Canada's (the federal government department of health) division of blood borne pathogens.

The draft is now under review, and a revised version is expected to be sent next autumn to various groups for endorsement. The University of Toronto has already announced, however, that it will begin to impose such a policy on postgraduate residents in July and on medical students in September. Other medical schools are expected to follow suit.

Dr Andrew Baines, assistant dean of the university's medical faculty, said that there is clear evidence that healthcare workers are transmitting the virus to patients even if they are taking precautions such as wearing gloves.

Two such incidents have occurred in Canada. In one, an orthopaedic surgeon in Nova

Scotia was linked in a published case to hepatitis B infection in two of his patients. In the other, an outbreak of at least 75 cases of hepatitis B was related to an electroencephalography clinic in the Toronto area, where a technician was infected with a virus identical with that found in four patients.

Residents and medical students at the University of Toronto found carrying the virus will be counselled, and the university said that it will try to find alternative types of medical a Toronto newspaper three doctors called the university's policy discriminatory and said that it has a potentially significant impact on patient care. Drs Philip Berger, Brian Cornelson, and Gordon Arbess said: "Physicians are at great risk of infection from patients, and no one would presume to demand mandatory testing of patients prior to surgical procedures." □

Canadian doctor charged with murder

David Spurgeon, *Quebec*

A woman doctor has been charged with the murder of a 65 year old patient with cancer in a Nova Scotia hospital. A police constable has accused the hospital of attempting to cover up the manner of the patient's death.

Dr Nancy Morrison was charged on 7 May with first degree murder in connection with the death of Paul Mills in the intensive care unit of Victoria General Hospital. The hospital is Atlantic Canada's largest and is part of the Queen Elizabeth II Health Sciences Centre. Details of the case are only just beginning to emerge.

Constable Thomas Martin said that the hospital had "made a concerted effort to cover up the manner of death of Paul Mills." Letters and documents submitted by the police to the provincial supreme court showed that Dr Morrison had been suspended by the hospital for administering potassium chloride to Mr Mills and that she had subsequently resigned.

The medical director of intensive care services, Dr Richard Hall, also said in a letter to the chairman of medical staff at the health centre that the administration of this substance "is outside the bounds of normal medical practice under these circumstances." Dr Hall had also sent a memorandum to unit staff asking them not to divulge details of the case.

A number of doctors at the hospital wrote to Dr Hall expressing their concern that the hospital did not report the death either to the coroner or to the Nova Scotia College of Physicians and Surgeons, the regulatory body.

The letters revealed that Dr Hall had asked for legal advice and had been informed that a provincial law—unlike laws in other provinces—required only police officers to report suspicious deaths. But the Nova Scotia Medical Act requires that any suspension of a doctor's privileges for more than two weeks be reported to the college, and this was not done in the case of Dr Morrison. □

Global food markets increase risk of infectious disease

Jacqui Wise, *BMJ*

Last year's outbreak of cyclosporiasis in the United States was associated with raspberries from Guatemala. The public health doctors who traced the source of the outbreak say that it is a reminder that the supply of fresh produce in many countries has become increasingly international.

There were a total of 1465 cases of cyclosporiasis reported in the United States and Canada in 1996, around half of them occurring after events at which raspberries had been served (*New England Journal of Medicine* 1997;336:1548-56). Before 1996 most documented cases of cyclosporiasis in North America were in overseas travellers.

Dr Michael Osterholm from the Minnesota Department of Health says in an accompanying editorial: "Infectious disease experts frequently remind persons travelling to developing countries to reduce the risk of travellers' diarrhoea by eating only foods that can be boiled or peeled. Yet seasonally, up to 70% of selected fruit and vegetables consumed [in the United States] comes from developing

countries." He adds: "One does not need to leave home to contract travellers' diarrhoea caused by an exotic agent."

Dr Osterholm says that a patient presenting with diarrhoeal illness of five or more days' duration, severe fatigue, and loss of appetite should be evaluated for cyclosporiasis regardless of whether the

patient has travelled abroad or drunk contaminated water. Both doctors and laboratories need to be able to cope with the changing epidemiological characteristics of foodborne disease.

Soon after the first cases of cyclosporiasis occurred in May 1996 public health doctors in Texas, under pressure to act quickly, declared that the source of the outbreak was strawberries from California.

Dr Osterholm warns against public health agencies jumping to conclusions without sufficient epidemiological evidence. □



Guatemalan raspberries led to the US cyclosporiasis outbreak

Aspirin benefits patients with stroke—but only just

Zosia Kmietowicz, *London*

Aspirin given soon after a stroke reduces deaths and disability by 1%—a modest but noteworthy effect—while heparin fails to offer any significant clinical advantage, according to the results of the international stroke trial.

The trial is the largest to look at the acute treatment of stroke (*Lancet* 1997;349:1569-81). A total of 19 435 patients with suspected acute ischaemic stroke were randomly allocated aspirin (300 mg a day), heparin (5000 IU or 12 500 IU twice a day), aspirin plus heparin, or no treatment within 48 hours of the start of symptoms; treatment was continued until discharge or for up to 14 days.

The results show that, whereas heparin reduced deaths in the short term (9% with heparin compared with 9.3% without heparin), the number of patients

dead or dependent at 6 months was identical (62.9%). The drop in recurrent ischaemic strokes among patients given heparin was offset by a rise in haemorrhagic strokes and significant excess bleeding in other parts of the body. Among the patients given aspirin there was a similar fall in deaths (0.4%) within 14 days, but the benefit was maintained at 6 months—1.3% of patients made a full recovery—though neither of these results was significant. Aspirin did, however, significantly reduce the number of recurrent ischaemic strokes by 1.1% and the risk of bleeds outside the brain by 0.5%.

When the trial results were combined with the results in some 20 000 patients treated in the Chinese acute stroke trial the importance of aspirin became apparent—there were 10

fewer deaths for every 1000 patients treated with early aspirin (*Lancet*, in press).

“With [these two trials] we have got clear evidence of moderate but significant benefit of emergency treatment for stroke for the first time,” said Rory Collins, professor of medicine at Oxford University. “The effect is modest but it is a worthwhile improvement—we are not just saving the lives of the most disabled patients but really improving quality of life.”

Several million people worldwide are treated for acute stroke every year. By starting treatment with aspirin 10 000 lives will be saved for every million treated. “The other benefit of starting patients on aspirin early is that they will continue on it long term and the benefits of that have already been proved,” added Professor Collins.

Dr Carl Counsell, clinical research fellow in the department of clinical neurosciences at Edinburgh University, who has been involved in the international stroke trial, said that the

results show that all patients who are thought to have had an ischaemic stroke should be given aspirin, but the timing is not that urgent. “You can wait for them to have a scan,” he said. Heparin, although still widely used as emergency treatment for stroke, was more hazardous than beneficial, he added.

However, in an accompanying editorial Dr Marie-Germaine Bousser, a neurologist from the Saint Antoine Hospital in Paris, says there may have been a bias against heparin in the international stroke trial. She concludes that aspirin is appropriate for atherothrombotic but not for cardioembolic stroke and that clinicians should not be deterred from prescribing low dose heparin to prevent deep vein thrombosis. □

Correction

Labour acts to cut NHS costs

An editorial error occurred in the news item by Jack Warden (31 May, p 1574). Deferring the next round of GP fundholders will save £20m not £120m as stated.

Focus: Sydney

Tilting at the immunisation windmill

Simon Chapman

Until recently the anti-immunisation lobby in Australia has received only a fraction of the media coverage of those promoting vaccines. Most of this coverage has been concentrated in two sylvan rural regions where accusations of medicopharmaceutical conspiracies find fertile ground among enclaves of people with alternative life styles.

Last year, however, the anti-immunisation cause received a huge boost when a prestigious national TV science programme, the ABC's *Quantum*, broadcast two programmes that framed immunisation as a controversy with the proverbial two sides. The *Australian and New Zealand Journal of Public Health* published a special supplement

attacking the programmes' claims. Nevertheless, the damage was done.

Last month a leading Sydney school of journalism hosted a seminar, ostensibly on medicine and the media. The *Quantum* journalist and Australia's leading advocate of removing fluoride from drinking water, Mark Diesendorf, spoke along with three health journalists. The event disintegrated into a fracas between evidence based evangelists and advocates of every known conspiracy theory.

Diesendorf proposed that water fluoridation had become dangerously sacrosanct, with too few people willing to tell the real story. Norman Swan, from ABC's *Health Report*, replied with an impassioned analysis of the anti-fluoride movement and the consequences for the health of poor and aboriginal communities should the movement succeed. Branding the movement as largely middle class phobias, Swan argued that if fluoride was removed from drinking water the educated

classes (whose children brushed their teeth three times a day with fluoride toothpaste) would be largely unaffected, while the existing class differential in dental caries would widen still further. Compelling support for this comes from a large Australian study of differences in caries between children of different social classes with different exposures to fluoride.

News values that extol Quixotic voices in the wilderness and claims about impending doom from new technology explain much of the attraction of anti-fluoride and anti-immunisation theories for journalists. When asked why a newspaper had run a spate of stories speculating about the radiation danger from mobile phones but said nothing about the lives they had saved through emergency calls, a journalist replied that “there is no news in people making phone calls—everyone knows you can do that.”

The seminar presented a frightening prospect. The audience—largely students of

journalism and hence tomorrow's journalists—sent a ripple of contempt through the room when anyone sought to deflate the whistleblowing heroics of those who dared to question immunisation. For many there if an agent was imposed and promoted by doctors and drug companies, it must inevitably lead to a gruesome consequence.

Many in health make the mistake of assuming journalists are natural conscripts to public health campaigns. While there are many happy coincidences between the stories that sell newspapers and those that alert communities to take health preserving actions, the attraction of anti-vaccine rhetoric shows that these values often cut the other way. With only 52% of Australian children completing their immunisations and four deaths from pertussis in New South Wales in 1997, the media's seduction by the anti-immunisation lobby is beginning to look deadly serious.